

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Nursing Home Technical Assistance Survey
Information Request 2008

Please provide the following documents to the Surveyor as soon as possible:

- 1. Current Quality Assurance Plan**
- 2. QA Meeting Minutes**
- 3. QA Coordinator name, discipline, and number of hours dedicated to QA per week and length of service**
- 4. A copy of survey results with your Plan of Correction and credible evidence for the last year (includes last annual federal survey and all subsequent surveys/complaint investigations)**
- 5. QI/QM Report (three month time frame)**